

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 02/18/2008  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>344023</b>		(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED  <b>08/18/2004</b>	
NAME OF PROVIDER OR SUPPLIER  <b>JULIAN F KEITH ALCOHOL &amp; DRUG ABUSE TX</b>				STREET ADDRESS, CITY, STATE, ZIP CODE <b>301 TABERNACLE ROAD BLACK MOUNTAIN, NC 28711</b>			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
B 000	INITIAL COMMENTS			B 000			
B 152	<p>A recertification survey was conducted by federal consulting surveyors on 8/16/04 - 8/18/04. Census on the first day of the survey was 62. A patient sample of 9 active patients was selected.</p> <p>482.62(f) SOCIAL SERVICES</p> <p>There must be a director of social services who monitors and evaluates the quality and appropriateness of social services furnished.</p> <p>This STANDARD is not met as evidenced by: Based on Interviews with staff and observations it was determined that there is no designated Director of Social Services who has overall responsibility for evaluating the quality and appropriateness of social services furnished in the facility. With no defined consultative relationship present between the Social Work and Counseling Services for the explicit purpose of collaboration/continuity of care there is potential for major gaps in social services provision in these areas.</p> <p>Specific findings are as follows:</p> <p>I: In an interview with the " Director of Social Services " conducted at 2:15 PM on 8/17/04 it was stated that his social work supervisory responsibilities were confined to oversight of the 10 bed (4 actively used beds) detoxification/crisis management unit. His duties do not include supervision of social work services, including aftercare, discharge planning, and case-management functions on the two rehabilitation services units which account for 70 of the Facility's 80 authorized beds. There is a separate " counseling " service on the rehabilitation units which provides the case</p>			B 152			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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B 152	<p>Continued From page 1</p> <p>management/aftercare planning functions for the patients there. This service is not under social work supervision.</p> <p>II. During an interview with a member of counseling services staff on the men's unit of rehabilitation services on the afternoon of 8/17/04, he stated, " We do not work on weekends. Intake and family contact information is obtained by the 'people up front' who are on call for admissions " . He indicated that social work staff obtained this information.</p> <p>III. A follow-up interview with the Program Director for clinical services in the facility was conducted at approximately 2:45 PM on 8/17/04. The Program Director stated that there is no direct supervisory or consultative relationship between the social work service and the counseling service for assurance of continuity and quality of social work services provided. She also stated that there was no formal mechanism to assure that assessment and/or interventions by the responsible social work staff was/were incorporated into the treatment planning and discharge planning processes for the patients. The Program Improvement Coordinator confirmed this information</p> <p>IV: Observations of two treatment team meetings (on the male rehabilitation unit on the afternoon of 8/16/04 from 2:00 to 3:45 PM and on the female rehabilitation unit on the afternoon of 8/17/04) revealed that social work staff were not present but that case management functions and discharge planning were primarily the functions of the counseling staff.</p>	B 152			